

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Interim Executive Director

Podiatrist License Renewal

Your podiatrist license in the state of Indiana expires on June 30, 2015. Renew online at www.pla.in.gov or send this form with the renewal fee of \$100.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after June 30, 2015 you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name		License Number	Expiration Date
Renewal Fee			
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or have you resigned in Lieu of discipline or termination?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I have met the continuing education requirements for renewal, understand the Board of Podiatric Medicine statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

View continuing education requirements online at: www.pla.in.gov prior to license renewal to ensure you are in compliance with all rules and regulations.

Visit us on the web at www.pla.in.gov. If you have any questions for the Board of Podiatric Medicine please email pla3@pla.in.gov or call 317-234-2060.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date